



ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT OF 2000

WHAT IS THE PUBLIC HEALTH PROBLEM?

- Of approximately 600,000 nuclear weapons workers, more than 100,000 have been exposed to radiation.
- An undetermined number of nuclear weapons workers have been exposed to beryllium.
- Silica exposure to workers conducting weapons testing in underground mines has resulted in silicosis.
- Members of this workforce also have been exposed to other hazardous chemicals.
- Because the more than 300 Department of Energy (DOE) sites located in 30 states have independent and differing compensation programs, nuclear weapons workers have had limited and varied access to compensation for wage losses and medical expenses arising from work-related illness.

WHAT HAS CDC ACCOMPLISHED?

The Energy Employees Occupational Illness Compensation Program Act of 2000 establishes a compensation program for DOE workers and contractors who become ill as a result of exposure to beryllium, silica, or radiation in the course of their work. The Department of Health and Human Services (HHS), through CDC, is responsible under the Act for a) developing guidelines to determine if a worker's cancer was likely to have been caused by occupational exposure to radiation; b) establishing radiation-dose estimation methods; c) estimating radiation doses of individual cancer claimants; d) considering the addition of employee groups to a "Special Exposure Cohort;" and e) administering and staffing a federal Advisory Board on Radiation and Worker Health. In May 2002, CDC developed final rules on dose reconstruction and probability of causation under the Act, incorporating review by the public, scientific experts, and the independent Advisory Board. These regulations establish CDC methods to estimate radiation doses and enable the U.S. Department of Labor to evaluate cancer causation based on these dose estimates. CDC also awarded a contract that employs external scientists to assist CDC in-house staff to speed the completion of dose reconstructions. In addition, CDC developed proposed procedures for adding groups of workers to the Special Exposure Cohort. Workers in this cohort who incur a specified cancer automatically qualify for compensation. CDC held public meetings at four locations across the United States to discuss these procedures with workers.

WHAT ARE THE NEXT STEPS?

CDC will expand its radiation dose reconstruction program to meet an unprecedented level of demand, develop final regulations for considering additions to the Special Exposure Cohort, and assist the Secretary of HHS and the Advisory Board in considering Special Exposure Cohort petitions.

For additional information on this and other CDC programs, visit www.cdc.gov/programs.

February 2003